

2016 Benefits Changes

ATU Local 587 members



What's new for next year?

ATU Local 587 leadership has negotiated several significant benefits changes that take effect Jan. 1, 2016, for King County ATU employees. Take the time to be informed so you can make the best choices for you and your family during Open Enrollment Nov. 1 – 15.

Key changes to the KingCare (Regence) plan

- Deductibles, out-of-pocket maximums, and prescription copays: Increased
- Benefit Access Fee: Increased to \$125 per month
- More preventive care benefits covered at 100%
- The annual out-of-pocket maximum now includes the annual deductible amount
- See details on the next page

Changes to the Group Health Plan

- Benefit Access Fee: Now \$50

More information

Look for additional benefits and Open Enrollment information in mid-October. If you have questions about how the benefits changes came about, please contact:

- Amalgamated Transit Union, Local 587:
206-448-8588 or <http://atu587.org>

Why the changes?

March 2013: ATU opts out of JLMIC benefits agreement

August 2013: Arbitrator decision—separate plan with \$4 million reserve requirement

April 2015: Reserve falls to \$1.8 million

June 2015: ATU leadership authorizes 2016 benefit changes

August 2016: New ATU leadership re-negotiates benefits

Summary of 2016 Benefit Changes: For King County ATU Local 587 members

KingCare Regence Plan Feature	Gold	Silver	Bronze
Annual deductible Doesn't apply to prescription drugs, preventive care, hearing aids	2016: \$350/person; \$1,050/family 2015: \$300/person; \$900/family	2016: \$650/person; \$1,950/family 2015: \$600/person; \$1,800/family	2016: \$850/person; \$2,550/family 2015: \$800/person; \$2,400/family
Copays	No change: Applicable only to emergency room care and prescription drugs		
Coinsurance After the deductible/copays, this is your share of cost	No change: Network: 15% Out-of-network: 35%	No change: Network: 25% Out-of-network: 45%	No change: Network: 25% Out-of-network: 45%
Annual out-of-pocket maximum for medical services <i>2016: Because this plan is no longer "grandfathered," the annual deductible amount is now included in the annual out-of-pocket maximum</i>	2016: Network: \$1,350/person or \$3,050/family (includes deductible) Out-of-network: \$2,350/person or \$5,050/family (includes deductible) 2015: Network: \$800/person or \$1,600/family (plus deductible) Out-of-network: \$1,600/person or \$3,200/family (plus deductible)	2016: Network: \$1,850/ person or \$4,350/ family (includes deductible) Out-of-network: \$2,850/ person or \$6,350/ family (includes deductible) 2015: Network: \$1,000/ person or \$2,000/ family (plus deductible) Out-of-network: \$1,800/ person or \$3,600/ family (plus deductible)	2016: Network: \$2,350/ person or \$5,550/ family (includes deductible) Out-of-network: \$3,350/person or \$7,550/family (includes deductible) 2015: Network: \$1,200/ person or \$2,400/ family (plus deductible) Out-of-network: \$2,000/person or \$4,000/family (plus deductible)
Prescription drug copay	<div style="display: flex; justify-content: space-between;"> <div> 2016: 30-day supply: \$8 generic, \$33 pref brand, \$67 nonpref brand 90-day supply: \$16 generic, \$66 pref brand, \$134 nonpref brand </div> <div> 2015: 30-day supply: \$7 generic, \$30 pref brand, \$60 nonpref brand 90-day supply: \$14 generic, \$60 pref brand, \$120 nonpref brand </div> </div>		
Preventive Care	2016: Network: 100% covered; list of services in this category has expanded 2015: Limited services covered at 100%; subject to copays, coinsurance and deductibles		
Benefit Access Fee To add a spouse/domestic partner who has access to medical coverage through an employer	2016: \$125 per month 2015: \$50 per month		
Group Health Plan Feature	Gold	Silver	Bronze
Benefit Access Fee To add a spouse/domestic partner who has access to medical coverage through an employer	2016: \$50 per month 2015: \$0 per month		